

TRICARE *Europe*

COMPASS

TRICARE Europe
Unit 10310
Sembach AB, Germany
APOAE 09136-0005

Web Site: <http://webserver.europe.tricare.osd.mil>

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From the Director...

by Col Debra Geiger

TRICARE Europe Executive Director

"So long, farewell, we bid you all adieu...." So goes the line sung by the children in the popular musical **Sound of Music**...a movie my husband and I watched again not long ago following a magical trip through Bavaria and Salzburg, Austria. When I arrived in Europe almost 3 years ago, I was awed by the location. As I had an opportunity to meet some of you, either in your local area or at one of our TRICARE Europe meetings, I became equally awed by each of you...your dedication, energy and pursuit of knowledge to better serve our beneficiaries. I recall looking forward to the challenges ahead—which I identified as increased ops tempo, reductions in staffing and budget, base closures, and quality of life concerns—and those still remain! And I know new items are added to your lists every day...

I am so happy to have been here to see the passage of the National Defense Authorization Act and the very positive impact it will have for TRICARE Europe beneficiaries. I believe this goes a long way in responding to the healthcare quality of life concerns, especially for retirees, within this theater. The Open Access Pi-

lot Project that some of you are participating in will hopefully resolve the access problems experienced by our family members. Yes, there is a lot of work to do to implement and educate on these new changes; but as I near my departure date, I feel extraordinarily confident that this job is in good hands. Throughout my tour, I took great pride in watching local nationals (a group which I had never had the pleasure to work with before) and contractors (at the local level and in the TEO office) working side-by-side with military and civil service employees—working as a team to "get the job done." Whatever the job entailed! I can't wait to see what you will achieve next...And technology (all those wonderful websites!) will serve as a great enabler for me to view your successes.

My husband and I will depart with a heart full of cherished memories, new-found friends, and profound gratitude for your support. As you continue to perform in this intense theater of operations, you will never be far from our thoughts and prayers.

Best Wishes Always!
Debbie Geiger



From left to right: BGand Mrs. Ursone, Col Debra and Col James Geiger, Brig Gen (sel) and Mrs. Loftus at the head table of Col Debra Geiger's retirement dinner at the Turm Hotel in Fockelberg

Simple Steps to Mental Health Authorization

Lt Col Liz Robison

Director, Population Health

As we enter into our third year processing inpatient mental health requests under the TRICARE Europe policy clarification letter, a few reminders are in order:

⇒ For beneficiaries needing inpatient mental health care in a host nation country, we offer only two levels of care, inpatient acute and substance use disorder detoxification and rehabilitation. Referring providers need to process all requests for authorization through their TRICARE Service Center (TSC). All providers must document a clinical justification for inpatient level of care. The TSC then contacts the TRICARE Europe Office (TEO) to obtain an authorization. A checklist of items needed are listed below:

Done	Items Required
<input checked="" type="checkbox"/>	Clinical justification from referring Provider
<input checked="" type="checkbox"/>	Patient release of information
<input checked="" type="checkbox"/>	DEERS registration/enrollment information
<input checked="" type="checkbox"/>	Host nation facility name and date of admission

Once these documents are received, TEO can review the clinical information for benefit coverage and the administrative information for eligibility (this process applies to both TRICARE Standard and TRICARE Europe Prime). If all

checks are appropriate, a prior authorization will be generated and forwarded to the TSC. The process does not end with the prior authorization. The TSC should also inform TRICARE Standard beneficiaries that they will be responsible for cost-shares; for the ADFM it is \$20/day, but for the retiree it is 25% of total billed charges (in some cases our referrals to UK facilities can run up a large bill, - \$200 to \$250 per day). The retiree needs to be informed of these costs up front. Many times, options in CONUS have a lower out of pocket cost for the member.

When beneficiaries enter inpatient care for mental health it is important their progress be followed closely to ensure that upon discharge their referring provider can ensure follow up care and continuity of care management. Monitoring progress becomes critical for beneficiaries to continue with programs and/or medication once discharged. Therefore, the host nation facility is required to provide an updated progress report to the referring provider every 7 days. The referring provider reviews the information for need for continued stay as an inpatient and then documents concurrence or non-concurrence on the progress report. This information is then provided to the TSC, who in turn forwards it to TEO. These updates inform the provider if progress is going to lead to management at a different level of care, such as partial hospitalization or residential treatment. These two levels of care are only available stateside, since civilian programs with these levels of care must be certified by the TRICARE Management Activity (TMA). Early identification for stateside movement helps with planning.

Our next article will discuss the ins and outs of making a referral for CONUS inpatient mental health care.

For more specific information on inpatient mental health referrals to a host nation facility, reference the TRICARE Europe website information at:

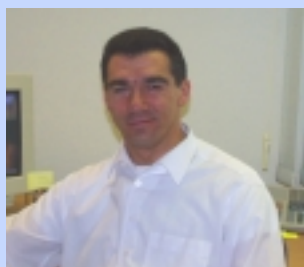
<http://webserver.europe.tricare.osd.mil/main/PAO/policies/OCONUS-Inpt.doc>.

Contact numbers for TRICARE Europe Office:

DSN: 496-6324 or Commercial: 49-(0)6302676324

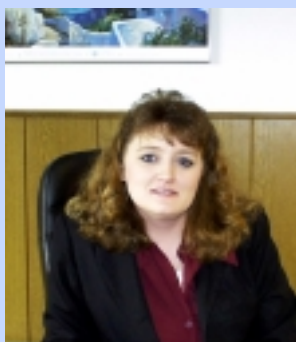
FAX: 496-6377 or Commercial: 49-(0)6302676377

Email: elizabeth.robison@sembach.af.mil (when using email, please do not use patient sensitive information like full name and SSN – we must safeguard patient confidentiality) †



TRICARE Europe Welcomes New Staff Members

Top right, Mr. Harry Raith joined our Customer Service team, and Ms Heidi Watson is our new Executive Secretary.



Reconciliation of Denied Claims

by Patrice Glover, Customer Support Services

For those who assist beneficiaries and providers in resolving denied claims issues due to a lack of care authorization, here are some helpful hints:

The claims identified in the Claims Management System (CMS) are claims that have been denied for a "lack of care authorization" – meaning a Non-Availability Statement (NAS) was not issued prior to the processing of the claim. In these situations, the claims are processed using codes 574 or 576 indicating the initial claim was processed without authorization. When code 575 is utilized it means the second claim was processed under the sponsor's social security number without an authorization. Finally, claims processed with codes 566 or 578 indicate a third claim was processed without authorization and paid at the Point of Service option (POS). This only applies to TRICARE Prime beneficiaries who seek non-emergent civilian care without authorization from their MTF Primary Care Manager (PCM).

When you receive claims denied for "lack of care authorization", research the case and if appropriate, issue a retroactive NAS covering the treatment dates. Refer to the CMS and edit your claim accordingly. **You must ensure a NAS is on file covering the treatment dates prior to submitting any claim.** Adherence to this greatly reduces the number of claims needing to be reprocessed. If you receive another notification from the beneficiary or provider indicating the same claim still has not been processed, go to MTF/WPS Reports using the date the claim was received by WPS and allow up to sixty (60) days for the claim to be reprocessed. If, after the sixty-day time frame, your claim still has not been addressed, contact the Customer Support Service Division at TEO via email.

If the claim is not available to you in the CMS, check the date the claim was processed and allow 10 days for the claim to show up in the system. If the claim has not shown up after the 10-day time frame, contact the Lead Agent Office for assistance. Please do not have the beneficiary or the provider contact WPS directly regarding claims processed for "lack of care authorizations". The point of contact at the TRICARE Europe Office is Patrice Glover, who can be reached at DSN 496-6320 or commercial (49) (0)6302-67-6320. She may also be reached via email at Patrice.Glover@sembach.af.mil.

†

Claims Processing Update

by Uli Engel, Customer Support Services

Eligibility of AD Deceased family members

Under the provisions of the NDAA passed last October, surviving family members of deceased active duty uniformed service personnel are authorized a two-year extension of their medical and dental benefits. The benefit extension was also authorized for survivors of deceased Active Duty Select Reserve and Individual Ready Reserve Personnel. As a result of the legislation, survivors of active duty members who died on or after Oct. 30, 1997 remain eligible for TRICARE medical benefits at the active duty dependant rate for an additional two-year period. At the end of the three-year period, TRICARE eligibility for these survivors will continue, but at the retiree dependent rate.

DCAO

If you are working on a DCAO case and need assistance from our overseas claims processor WPS, you can contact the following individuals: Ms. Lucinda (Cindy) Herwig at (608) 224-2726 available Monday through Friday from 2:00 AM to 10:00 AM Central Standard Time (CST) or Ms. Dominique Taquet at (608) 223-2442 available Monday through Friday from 8:25 AM to 5:00 PM CST.

Please note: These individuals are only to be contacted in debt collection matters.

Senior Pharmacy Program

The new TRICARE Senior Pharmacy Program just started 1 April 2001. Under this program, Congress authorized parents and parents-in-law over the age of 65 to use the TRICARE Senior Pharmacy Program. Their eligibility is not extended to any other benefit under the TRICARE Program.

Our senior beneficiaries have three options for getting their prescriptions filled. They can get them filled at any Military Treatment Facility without any costs, through the National Mail Order Pharmacy (NMOP) and pay \$3 or \$9 per prescription, or use host nation pharmacies and submit a claim to the claims processor, paying a 25% cost share after the deductible has been met. As with any TRICARE benefit, personal information should be updated in DEERS.

Elimination of TRICARE Prime ADFM Co-pay

Starting 1 April 2001, the co-pays charged for receiving civilian health care services for ADFMs enrolled in Prime was eliminated. This also includes the elimination of the Family Member Rate (FMR) charged for fam-

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Introducing the Women's Breast Health Care Database

*By Maureen Sherman
Breast Health Program Manager*

The TRICARE Europe Office is pleased to announce the development of a women's health database focusing on breast health/cancer treatment resources available within TRICARE Europe. The primary information stored in the database can assist with directing clinicians, as well as beneficiaries, to resources to assist with early detection, prevention and treatment of breast cancer.

The clinical resources identified are the MTFs that can support biopsies, mastectomies, or plastic surgery. Additionally, the host nation facilities identified can perform lymphedema drainage treatment. (this procedure is currently not available in our MTFs.) MTFs with the capacity for preventive services such as mammographies are also listed and include information on approximate length of time for results to be processed. Other resources noted within this database help support the cancer patient, such as information about prostheses or wigs. Local vendors, as well as national suppliers, are listed. As TRICARE Europe receives information from MTFs or learns of other support resources, the database will be updated.

Access to information within this database is currently through the TRICARE Europe Breast Cancer Coordinator, Ms Maureen Sherman, at DSN 496-6336 or e-mail: Maureen.Sherman@Sembach.af.mil. Also, feel free to contact Ms Sherman for any questions or suggestions. We are always looking to improve our health information resources for our beneficiaries. †

Treatment of Autism

*by Ms Uli Engel
Customer Support Services*

Recently, the TRICARE Management Activity determined that "Applied Behavior Analysis" (ABA) is an educational program, which may be considered for TRICARE cost sharing through the Program For Persons With Disabilities (PFPWD). Review and prior approval is subject to all PFPWD requirements as outlined in Chapter 8 Section 1.9 and 1.11 of the TRICARE Policy Manual. Since this does not constitute a new benefit, there will not be a change to the current TRICARE Policy Manual. †

ily members admitted to a Military Treatment Facility. For beneficiaries enrolled in Prime overseas, this means they will no longer be subjected to payment of copays when seeking authorized covered medical care in CONUS. For civilian care in overseas locations, there has never been a copay requirement, and medical bills are fully paid by the overseas claims processor, as long as the appropriate authorization has been issued and the care is a covered benefit. Point of Service still applies when there is no authorization. This change does NOT affect copays under the Program For Persons With Disabilities. †

PHA Expands Services to Ramstein /Sembach Primary Care Clinics

*by Capt Corina Earl-Graef
Ramstein Clinic TRICARE OIC*

Starting 1 May, the Health Care Information Line (HCIL), a toll free TRICARE Europe nurse advice line and healthcare information service, expands services for beneficiaries enrolled to Ramstein and Sembach clinics. By calling the HCIL line, our beneficiaries will not only be able to seek advice on their healthcare issues and access the Audio Health LibrarySM, but can go beyond a verbal referral to the local Emergency Room or home advice services. Like our previous Pilot Program on Appointment booking in 1997, we have purchased expanded services including PCM Booking, using Healthcare Finder in CHCS for those who need appointments the next day (as advised by the nurse) versus having the caller contact the clinic on their own the next day. Much more than our previous pilot on appointment booking, the HCIL nurse can contact the PCM on-call for further advice and coordination about their patient's care. These two features will further enhance our capacity and our ability to better manage the demand for services, provide expanded PCM access to our beneficiaries, and support our Primary Care Optimization implementation. Our nurses will be better utilized in the clinics supporting their own team providers in providing direct patient care instead of triaging patients over the phone. Appointments given will be left with appointment booking staff both in house and by the HCIL line booking staff. For more information on this project, contact Capt Corina Earl-Graef, DSN 479-2559. †

Retirees Flock to LPMC Retiree Day

By Spc. Phillip E. Breedlove Jr.
Landstuhl Regional Medical Center Public Affairs

Many retirees are more aware of the condition of their health as a result of the Landstuhl Regional Medical Center Retiree Appreciation Day.

The event was hosted at the LPMC Learning Center Thursday (March 29) and offered retirees educational health information and a variety of cancer screenings. LTC Ben D'Ooge, Chief of LPMC's Department of Primary Care, said the goal was to catch problems early before they became serious.

"Prevention is the key," D'Ooge said. "If we can catch it early, we can treat it early. By doing this, we can help people live healthier lives."

The event was also to thank these "Great Americans" for their selfless service, and to bring retirees back into the military medical community. "Many retirees receive their health care at hospitals on the economy," said D'Ooge. While many of these local facilities provide health care equal to that provided by LPMC, we believe there is just no substitute for being around one's countrymen."

One service that was offered at the event was a massage chair. The chair, which usually resides in the LPMC Health and Wellness Center, was temporarily moved to the Learning Center for the event.



George Postell, Army retiree, enjoys a relaxing massage in Health and Wellness Center massage chair Thursday (March 29) at the LPMC Retiree Appreciation Day.

Retirees were offered the chance to try the chair out for a few minutes, and then informed the massage chair can be used in the relaxation room at the HAWC building by appointment or walk-in basis. One of the cancer screenings offered was the colorectal cancer screening. Retirees were asked a series of questions, and then appointments were made if necessary.

D'Ooge said colorectal cancer is a common cancer,

but can be difficult to talk about and often gets neglected. It is however, important to catch the problem early. If caught in the early stages, colorectal cancer can be relatively easy to cure, but if it is neglected, it can be difficult to remove.

D'Ooge said he was happy so many people showed up. He said he was happy to see so many people that care about their health.

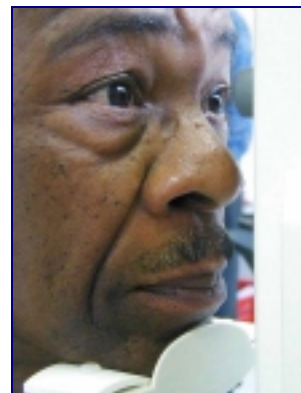
Ronald Johnson, an Air Force retiree, said he came because he is a strong believer in preserving health. "My wife and I came to get some screenings and checkups done. It is important to catch the problem before it becomes serious."

Ulysses Smith, an Army retiree, said he came for convenience. "I haven't had a check-up in a long time. I came because I can get all of my screenings done in one day."



Ulysses Smith, Army retiree, checks his body fat percentage using a OMRON Body Fat Analyzer Thursday (March 29) at the LPMC Retiree Appreciation Day.

D'Ooge said the Retiree Appreciation Day went well and he is looking forward to the next one scheduled for November 29, 2001. He said he expects to see a lot of new faces, but also expects a lot of repeat visitors.†



Altonia Parker, Air Force retiree, awaits a puff of air during a Glaucoma test Thursday (March 29) at the LPMC Retiree Appreciation Day.

WIC Overseas Program

by CAPT Maureen Hogan
WIC Program Coordinator

The **Women, Infants, and Children Program (WIC)** is credited with being the most successfully funded nutrition program in the United States. We are excited this Quality of Life program, which improves the health of the community and better prepares children for school years and learning, is finally here in the European theater.

Implementation of the WIC Overseas Program was structured to be completed in phases. Phase I (Pilot sites) in the EUCOM area of responsibility consisted of eligible recipients at Lakenheath, UK and Bamuholder, Germany. Both sites became operational in January and early February 2001, respectively. As of the end of April 2001, over 2,000 participants have been enrolled and over 11,000 drafts (food vouchers) have been issued. Participants from both communities are very satisfied with this nutritional program!

The early success of this program could not have been realized without the collaborative efforts of the implementation teams at both pilot sites. The team effort to stand up this program from "ground zero" is to be commended. Additionally, an augmentation team of Army Reservists and active duty Navy corpsmen and Army medics at the Baumholder site deserve special recognition. Due to SOFA requirements in Germany, permanent staff could not be hired in time to meet the target start date. Through their dedication and commitment, the "A" team, LTC Barbara Fretwell, USAR, LTC Jenny Roper USAR, MAJ Vincent Cleamons USAR, HM2 Sergio Sabino and HM2 Steven Conner Naval Hospital, Naples, SSG Annette Cruz, USAMEDDAC Heidelberg and SSG Audrey Newman, LPMC, ensured the WIC Overseas Program became a reality at Baumholder.

Phase II will begin in July 2001 at 12 European hub sites: Bitburg/Spangdahlem, Kattersbach, Kaiserslautern, Schweinfurt, Vilseck, Hanau, Wiesbaden, Mannheim, Incirlik, Aviano, Naples, and Rota. Complete expansion to the remaining sites is expected in early FY 02. Choctaw Management Service Enterprise (CMSE), the contractor responsible for this turn-key operations, is planning a four to eight week roll-out. Start-up priority will be based on site readiness and staffing availability.

In preparation for Phase II start-up, the TRICARE Europe Office, in partnership with the EUCOM Quality of Life Division, will sponsor a strategic planning meeting in mid-May for the Phase II POCs, component theater experts and CMSE. Together, we will continue refining the Program to best meet the nutritional counseling and food supplemental requirements for the eligible population in the European theater. We remain committed to the continued success of the WIC Overseas Program so we too

can echo the same words that have been heard in the States for the last 30 years, "WIC Works"! †

What is WIC?

by CAPT Maureen Hogan
WIC Program Coordinator

WIC stands for **Women, Infants and Children**. In the U.S., it is an educational and supplemental nutrition program funded by the U.S. Department of Agriculture. In overseas locations, WIC services are provided by specially trained staff working on military installations. The WIC Overseas program is not a TRICARE benefit, nor a medical benefit. It is a community-based program aimed at improving the quality of life for our troops and their families. WIC provides supplemental foods, nutritional education and counseling, and health referrals.

Program Eligibility

Potential participants in the WIC Overseas program must meet 5 eligibility criteria.

1. Categorical - *Women*: pregnant; breast-feeding (up to 1 year after delivery); post-partum (up to 6 months after delivery); *Infants*: up to 1st birthday; *Children*: up to 5th birthday.
2. Financial - Total household income must be at or below 185% of the U.S. Poverty Guidelines. For example, total household income for a family of 4, must be \$31,543 or less to meet income eligibility. All earned income must be accounted for.
3. Participant Type - Applicants who meet this criteria must be U.S. citizens and shall include persons who are: (1) members of the armed forces stationed overseas and their dependents residing with them; (2) civilian employees of a "military department" stationed overseas and their dependents residing with them; or (3) civilian employees of a DoD contractor stationed overseas and their dependents residing with them. Civilian employees of Defense Agencies, civilian employees of DoD Field Activities, members of the Public Health Service and members of the National Oceanic and Atmospheric Administration are not eligible for WIC-Overseas.
4. Residential - Participants must reside in an area where WIC-Overseas services are offered.
5. Nutritional/Medical Risk - Participants must have an identified medical or nutritional "risk" (e.g. anemia, low birth weight, poor eating habits), as determined by the WIC-Overseas nutritionist.

WIC Benefits

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TARICARE Annual Award Winners!

86th Medical Group Winners!

by The 86th Medical Group, Ramstein Germany

In March, USAFE announced their annual winners for Air Force Annual Medical Awards. Two members of the 86th Medical Group TRICARE Service Center will now compete at the Air Force level. Capt Corina Earl-Graef, TRICARE Element OIC was named the Managed Care Officer of the Year and Ms. Carina Menke was named Health Benefits Advisor of the Year for USAFE.

Capt Earl-Graef has led the 86th MDG TRICARE operation since late 1997. She has been a key player in many of TRICARE Europe's ventures. Last year, as the CHCS MCP expert for the 86th MDG, she led much of their efforts in implementing PCM By Name and Consult tracking. Despite personnel shortages, the 86th Medical Group met or exceeded all deadlines in bringing TRICARE changes on line. She single-handedly reorganized the PCM teams and re-empanelled over 21,000 people to single providers while both of her Medical Service Coordinator positions were vacant. Ms. Carina Menke, also a hard charger, had a very challenging past year. Her efforts to stay on top and get the job done no matter what made her the obvious choice for Health Benefits Advisor of the year. Over a quarter of the year, she took charge of a five-person TRICARE Service Center operation during a critical manning shortfall. She insured newly assigned staff were trained, provided outstanding liaison service to our beneficiaries who needed her, while still maintaining the TRICARE Service Center services to our patients' satisfaction. Her efforts alone were responsible for 9 of the 12 "TRICARE Success Stories" USAFE shared with the Air Force Surgeon General. Congratulations to two of our TRICARE Europe Winners!

TRICARE Award Winners Announced at 2001 TRICARE Conference in January:

Congratulations to Naval Hospital, Sigonella – winner of both the FY 2000 Customer Satisfaction Award and Access Award

Congratulations to Naval Hospital, Rota – winner of the FY 2000 Customer Satisfaction Award

Congratulations to Landstuhl Regional Medical Center – winner of the FY 2000 Access Award

As has been often quoted "it takes a village to raise a child". Well –we think it takes "great staff to win these awards". Congratulations and keep up the great work!

Cosmetic Surgery: Is it a Covered Benefit or Not?

*By LTC Bea Stephens
Acting Public Affairs Officer*

In an effort to continue to be responsive to our customers regarding the TRICARE benefit, we have decided to add a section in the Compass for the more commonly asked questions. This month we are pleased to provide you with an update on cosmetic surgery.

Cosmetic, reconstructive, and /or plastic surgery is defined as surgery which can be expected primarily to improve the physical appearance of a beneficiary, and/or which is performed primarily for psychological purposes, and/ or which restores form, but does not correct or materially improve a bodily function. This definition and the information below was extracted from the TRICARE/CHAMPUS Policy Manual 6010.47-M June 25, 1999 Surgery and Related Services. The policy manual lists many circumstances when cosmetic surgery is a covered benefit, and when it is not a covered benefit. Listed below are the most common indications for both.

Covered Benefit:

- Correction of a congenital anomaly
- Restoration of body form (including revision of scars) following an accidental injury
- Revision of disfiguring and extensive scars resulting from neoplastic surgery
- Topical treatment for hypertrophic scarring and keloids resulting from burns, surgical procedures or traumatic events **only if there is evidence of impaired function**
- Reconstructive breast surgery following a medically necessary mastectomy performed for the treatment of carcinoma, severe fibrocystic disease, or other nonmalignant tumors or traumatic injuries

Non-Covered Benefit:

- Cosmetic, reconstructive and/or plastic surgery proce-

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Enrolling Considerations for Returning Service Members to CONUS

*Dr. George Schad
Dental Program Coordinator*

One very important pre-departure stop for service members returning to the US should be the United Concordia Companies Inc., (UCCI) web site at www.ucci.com in order to accomplish an online enrollment in the TRICARE Dental Program (TDP). Returning service members who sign up for the TDP before their departure for the US will ensure they have the insurance in place and effective on the date they arrive back in the US. Those sponsors retiring or separating within one year, who wait to enroll until they are back in the US, run the risk of not having the necessary 12-months retainability required for enrollment. Enrollment while they are still overseas will prevent a last minute rush to get this accomplished within the 12-month time constraint.

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Sue Christensen Departs TRICARE Europe

*By CAPT Cindy DiLorenzo
Deputy Director*

As many of you know, Ms. Christensen has moved on to a new position. She departed Germany on 7 April for a new assignment at the Air Force Academy in Colorado Springs, CO. (where there is lots of sunshine!) The TRICARE Europe Region will miss her. She spent three years as the Public Affairs Officer and Marketing Consultant for the TRICARE Europe Health Plan. Her knowledge of "how to get the message out", her creativity, and her desire to provide useful materials for our beneficiaries will be missed. During her time on the staff of the TRICARE Europe Office, Ms. Christensen was an active participant in many large projects - she was the impetus behind the publication of the TRICARE Europe Passport; she coordinated two Regional Conferences and assisted with two "focused" conferences; she published many TRICARE articles in the Stars and Stripes; worked hard to create a TRICARE Europe Home Page that is user friendly and extremely informative; and assisted with many DV visits, to include the Assistant Secretary's of Defense (Health Affairs) and the Executive Director's, TRICARE Management Activity visits to this Region. Ms. Christensen played a vital role in the implementation of the TRICARE Program throughout Europe. We wish her success in her new endeavor and much happiness.

The TRICARE Europe Office staff

Cosmetic Surgery, continued from page 7

- dures performed primarily for psychological or psychiatric reasons or as a result of the aging process
- Breast augmentation mammoplasty (except post-mastectomy breast reconstruction)
- Revision of scars resulting from surgery and/or disease process, except disfiguring and extensive scars resulting from neoplastic surgery
- Face lifts
- Reduction mammoplasties (unless there is medical documentation of intractable pain not amenable to other forms of treatment)
- Panniculectomy (tummy tuck) body sculpture
- Removal of tattoos
- Hair transplants
- Liposuction for body contouring

******The removal of silicone or saline breast implants is covered if the initial silicone or saline breast implantation was or would have been a covered benefit. Signs or symptoms of complications must be present and documented. If the initial silicone or saline breast implant surgery was for an indication not covered or coverable by TRICARE, implant removal may be covered only if it is necessary treatment of a complication which represents a **separate** medical condition.

There are specific criteria that must exist in order for cosmetic surgery to be a covered benefit. Please see your Health Benefits Advisor at the nearest Tricare Service Center if you have any questions.



Sue Christensen, former Public Affairs and Marketing officer

The TRICARE Dental Program is a valuable benefit for active duty family members, Reservists, Guard members and their families. This program enables eligible beneficiaries to access civilian dental providers, helping them maintain good oral health. It is important that military members consider the many benefits of this program and decide if their families should be enrolled in the TDP. UCCI, the dental insurer, operates both the CONUS and the OCONUS Programs, therefore the program is completely portable.

The best way to prevent dental problems is to receive yearly dental checkups and to promptly correct any problems. The TDP enables military beneficiaries to do this in a cost efficient way. Don't miss out on this opportunity. Consider enrolling in the TDP before you return to the US. †

Health Plan & Evaluation Updates

by Daryl Kanter
Data Analyst

Health Plan & Evaluation is changing the method used to transmit reports to our customers. At present, password protected, reports are e-mailed directly to customers. Customers will now be able to log on to the gateway with a username and password and download reports they are authorized to access. This Internet gateway raises the level of security and is in line with the current Health Information Portability and Accountability Act (HIPAA) standards. The Internet gateway is on line now! †

New Design For Health Plan Metrics

by Deann Haase
Data Analyst

If you have not viewed the Health Plan Metrics on our website in a while, come and see the **NEW LOOK!** In the past, the site displayed a static excel spreadsheet. We are now using the latest information technology in web design. This allows data to be extracted from a SQL server database and displayed as a table or an interactive graph. Please view the site and send your comments for improvements to marla.haase@sembach.af.mil †

WIC is the most successful federally funded nutritional program in the U.S. Participation in WIC is associated with healthier babies, increased cognitive development and better scholastic performance. Stateside, WIC serves 81% of the eligible population and reaches 45% (1.9M) of all babies born in the U.S. The WIC Overseas program is closely mirrored after the stateside USDA program, thereby making portability a simple process. Families moving to OCONUS, who are currently certified, will immediately be entered into the program and given appropriate vouchers.

Food Voucher Redemption

Participants will receive personalized food vouchers (coupon-like checks) allowing them to purchase a monthly food package. Vouchers may be redeemed at any participating commissary or NEXMART. The vouchers will be processed in the same way as a bank draft. Main Exchanges, Shoppettes, Mini-Marts, Gas Station convenience stores, etc., do not accept WIC-Overseas vouchers.

WIC-Overseas Operational Responsibilities

Public law 106-65 called for the DoD to provide benefits to military beneficiaries living overseas. The TRICARE Management Activity (TMA), a field activity of the DoD, was designated to manage WIC Overseas. The TRICARE Europe Lead Agent Office (TEO) was given accountability for oversight in this AOR. TMA contracted for a "turn key" operation with Choctaw Management Services Enterprise (CMSE) and Problem Knowledge Couplers (PKC). CMSE, an organization with extensive experience in delivering the WIC program stateside, is responsible for staffing and management of the WIC Overseas program. PKC has developed a unique WIC software program geared to our military community that expedites the enrollment process of our 26,800+ potential participants.

Base/Wing Commander Responsibilities

Each community-based program will be developed under the auspices of the Base/Wing Commander in collaboration with the TEO, EUCOM Quality of Life Division, and CMSE. Necessary levels of installation support are imperative to ensure timely and successful implementation of this program. A community point of contact, space for the WIC-Overseas office and a WIC-Overseas Implementation Council comprised of the POC, representatives from family services, medical, senior enlisted/line community and DeCA need to be identified. The council is necessary to support implementation start-up, in collaboration with the CMSE staff. †

TRICARE Europe Prime ID Card Misprint

by CPT Eric Edwards

Chief, Population Health Data Management

There has been an error identified on the new TRICARE Europe Prime ID cards that were shipped to your MTFs within the past few weeks. The P.O. Box number on the Active Duty Claims address is incorrect, two numbers are reversed. The card shows PO Box 7986 - the correct PO Box # is 7968. In an effort to try to minimize problems (i.e. returned claims), we have notified both WPS and the U.S. Postal Service and they will attempt to place WPS mail in the correct Post Office Box. We attempted to acquire the PO Box listed in error, but it was taken by another company. Please consider some local solutions - flyers identifying the correct PO Box Number, correction labels on the ID cards, inserts to the ID card.

We apologize for this inconvenience. We have decided not to order new cards. The Universal ID card has been developed and production will begin on those in July to correspond with the implementation of NED. You will receive these new cards in August to replace those you have, or augment existing supplies. †

Personal Health Advisor (PHA) "FACELIFT"

by CPT Eric Edwards

Chief, Population Health Data Management

The Personal Health Advisor (PHA) line (also known as the Health Care Information Line (HCIL) in CONUS) has become an important and valuable feature of our TRICARE Europe Health Plan. Our beneficiaries are more knowledgeable about their health and health care options as a result of the AudioHealth LibrarySM and Nurse Line. The Nurse Line assessment option has helped our beneficiaries decide how to manage their illness or injury and when, where, and how to seek appropriate care when uncertain. As a result of this service we have seen a reduction of inappropriate Emergency Room and Urgent Care visits and an increase in more appropriate Primary Care Manager (PCM) visits. Our current contract with McKessonHBOC for PHA terminates this year (Sep 30). After months of enhancing the new Statement of Work (SOW) and selecting a contracting center we are ready to implement beginning 1 October 2001. – On March 1st the contract was reviewed and approved by the TRICARE Europe Executive Steering Committee. Not only has word of these enhancements caught attention throughout Europe, but after inviting TRICARE WestPAC & Alaska, and TRICARE Latin America & Canada; they too have decided to join us on this venture making it at "true" TRICARE Overseas Program. The TRICARE Europe Office feels confident this new contract will meet or ex-

ceed expectations with regards to the use of this service as a value-added, no-cost benefit to our beneficiaries abroad.

"PHA" Terminology

The PHA term, which is proprietary to McKesson-HBOC, is new and confusing to many of those arriving from CONUS and other OCONUS assignments. The term is also duplicative in that it is used as the acronym for Preventive Health Assessment (physical exam) in the Air Force. We are changing the term to the Health Care Information Line (HCIL) to be consistent with the other TRICARE Regions. The name change should avoid future confusion among our beneficiaries and health services staff. All of our future products and advertisements will be changed accordingly. Please continue to distribute the products currently in your inventories

Reporting Enhancement

"Web Based Reporting" seems to be the new focus of many products in the military and civilian sectors. Having mentioned this possibility to many of our TRICARE Service Center POCs in the past, it is now a reality. Beginning on 7 May 2001, anyone with access to our TRICARE Europe home page will now have access to both "aggregate" and "individual" calling statistics. This data will be available 24-hours a day, 7-days a week and for up to 3-months back (with hopes of making this up to a year). This should allow the MTFs to compare, track, view or print adhoc reports. The viewing format for these reports will be exactly the same as the current monthly paper copies mailed out in PDF/CSV file format. Simply having Internet Explorer and Acrobat Reader will allow you access. To ensure that there aren't any breaks in continuity, the paper version will be sent out in conjunction with the Web Based report for the first 2 months to ensure a smooth transition. †



Farewell to Col Geiger

by CAPT Cindy DiLorenzo
Deputy Director

Col Debra Geiger is about to depart the TRICARE Europe Office, Germany, and the U.S. Air Force. She is retiring (effective August 2001) after serving 26 years on active duty in the U.S. Air Force Medical Department. It is with mixed emotions that the TRICARE Europe Office staff says "good bye" to her. She reported in as the TRICARE Europe Executive Director in July 1998. Her passion, excitement, and enthusiasm for the TRICARE Program, the Military Health System, and most of all, her dedication to serving our beneficiaries meant we all were encouraged (and sometimes we had to be pushed!!) to excel - we were motivated by her knowledge, her understanding, and her desire to continue to improve the TRICARE Overseas Program.

During Col Geiger's 3-year tour - she led the TRICARE Europe Office to new heights. Under her leadership and direction, TRICARE Europe implemented the Access Measurement Tool, improving the MTFs' ability to better manage their appointment templates and serve the patient. The Mental Health Authorization process was developed and implemented, saving the MHS over a million dollars in its first year. Col Geiger pushed for increased involvement of the MTF Commanders in the governing of the TRICARE Region. She was the impetus behind the formation of the TRICARE Europe Council and the MTFs having representation on the Executive Steering Committee. The TRICARE Dental Plan (previously called the TRICARE Family Member Dental Plan - Overseas Extension) was successfully implemented. She identified the roadblocks, found the correct detours and ensured, despite the "nay sayers"; the TRICARE Dental Program was in place and successfully working. Her determination was instrumental in the development of the Women, Infants, and Children (WIC) Overseas Program. Her insight and experience ensured the WIC Overseas Program was viewed from the beginning as a "community based, quality of life" program and not a "medical" one. Under her strong leadership, the various key players from all the "family service" activities were brought together and formed a "well oiled" team. Though we have only implemented WIC-Overseas at the 2 Pilot Sites in TRICARE Europe to date, we have no doubt that the continued implementation will be as successful as the Pilot Sites.

Col Deb Geiger was the impetus behind many more programs and projects in TRICARE Europe. To list them all would take up more room than we have in this edition of the COMPASS. She is leaving the TRICARE Europe Region and this Office with a huge legacy. She has fought hard with the "D.C. crowd" to ensure the Overseas Regions were not left out of their decision

making; she has encouraged the 3 Services to work more closely together and to become truly "tri-service"; she has led the Region and this Office to new heights in the continued improvement of the TRICARE Overseas Program; and she has continually done all of this with one result in mind - improving the quality, access and value of health care delivery for the benefit of those we serve - the Active Duty Members, their families, those who have come before us (the retirees), and their families.

As we say 'good bye' to Col Deb Geiger - we do so with mixed emotions - we are sad that we won't have her experience to call on when we have new issues arise, we will miss her enthusiasm and dedication, and we wonder who will fill the gap she is leaving. However, we are happy for her as she goes on to the second chapter of her lifetime novel. She and her husband are looking forward to retiring - settling in one place and spending more time together. We wish them both happiness, health, peace and fond memories of their time in the Air Force. We say a fond farewell to Col Deb Geiger - we want her to know our thoughts and prayers are with her as she travels down a different path! Good Luck, God Speed, and most of all ENJOY!!! *The TRICARE Europe Office Staff* ✚



Col Debra and Col James Geiger enjoy a little time together at her retirement dinner at the Turm Hotel in Fockelberg, Germany.

TRICARE EUROPE EXECUTIVE STEERING COMMITTEE

BG Richard Ursone (Lead Agent) & Chair) Cmd Surg, USAREUR
Col Brig Gen (sel) Thomas J. Loftus Cmd Surgeon, HQ USAF
CAPT Thomas K. Burkhard Fleet Medical Off, CINCUSNAVEUR
Col Debra Geiger Executive Director, TRICARE Europe
CAPT Richard B. Hall II Cmd Surgeon, HQ USEUCOM/ECMD
CAPT Phil Barnett Chair, MTF Commanders Council
Col James Schrader Chair, Dental Advisory Committee
COL Elder Granger Comp. Cmd LPMC
Col Courtney Scott Cmd 86th Medical Group, Ramstein

TRICARE EUROPE STAFF CHANGES

Welcome to.....

.....Mr Harry Raith, Customer Support Services Division

.....Ms Heidi Watson our new Executive Secretary

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Farewell to.....

.....LCDR Geri Haradon who PCS'd to China Lake, CA to fill the position  
as the OIC of the Branch Medical Clinic.

.....Ms Sue Christensen who PCS'd to the Air Force Academy, Colorado  
Springs to fill the position of the Public Affairs Officer.

## TRICARE EUROPE OFFICE STAFF

|                          |                                     |
|--------------------------|-------------------------------------|
| Col Debra Geiger         | Executive Director                  |
| CAPT Cindy DiLorenzo     | Deputy Director                     |
| Heidi Watson             | Executive Secretary                 |
| SFC Darrell Kelley       | Superintendent, Admin Services      |
| COL (Dr.) Robert Larsen  | Medical Director                    |
| CAPT Maureen Hogan       | WIC Program Manager                 |
| Lt Col Elizabeth Robison | Director, Population Health         |
| CAPT Rod Fierek          | Population Health                   |
| CPT Eric Edwards         | Population Health                   |
| Maureen Sherman          | Breast Health Program Coordinator   |
| K.C. Collins             | Budget Officer                      |
| Sonny Bowen              | Contracting Specialist              |
| Maj Tom Haines           | Director, Customer Support Services |
| MSgt Ron Peoples         | Deputy Director, Customer Services  |
| SPC Jason Tyson          | Customer Support Services           |
| Uli Engel                | Customer Support Services           |
| Martin Hollingworth      | Customer Support Services           |
| Sean Glover              | Customer Support Services           |
| Shane Pham               | Customer Support Services           |
| Harry Raith              | Customer Support Services           |
| LTC Beatrice Stephens    | Director, Health Plan Analysis      |
| DeAnn Haase              | Data Analyst                        |
| Daryl Kanter             | Data Analyst                        |
| 1Lt Derrick Eckley       | Chief Information Officer           |
| Terry Taylor             | LAN Administrator                   |
| Arthur Pedersen          | Web Administrator                   |
| Mark Judson              | Data Analyst                        |
| Christine Ribble         | PA&M Assistant                      |
| Dr. George Schad         | Dental Program Coordinator          |
| Anne Beauchamp           | Dental Program Assistant            |



TRICARE EUROPE  
UNIT 10310  
SEMBACH AB, GERMANY  
APO AE 09136-0005

OFFICIAL BUSINESS

# DOD-OIM

ADDRESSEE: Please e-mail address corrections/updates to TRICARE Europe at [teo.pao@sembach.af.mil](mailto:teo.pao@sembach.af.mil)